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UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION

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MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

Paul Smith

(Enter above the full name
of the plaintiff or plaintiffs in
this action)

vs.

Case No: 08-C-1557
(To be supplied by the Clerk of this Court)

Cook County

Sheriff

Supt

unknown officers

Counselor Puckett

(Enter above the full name of ALL
defendants in this action. Do not
use "et al.")

Amended Complaint

CHECK ONE ONLY:

☒ COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983
U.S. Code (state, county, or municipal defendants)

☐ COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE
28 SECTION 1331 U.S. Code (federal defendants)

☐ OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Paul Smith
- B. List all aliases: _____
- C. Prisoner identification number: B52357
- D. Place of present confinement: MENARD CORR Center
- E. Address: P.O. Box 711 MENARD IL, 62259

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, place of confinement, and current address according to the above format on a separate sheet of paper.)

II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: COOK COUNTY Sheriff
 Title: Sheriff
 Place of Employment: CC/DOO Sheriffs
- B. Defendant: Counselor Puckett
 Title: Counselor
 Place of Employment: C-C-D.O.C
- C. Defendant: _____
 Title: _____
 Place of Employment: _____

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

III. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court in the United States:

- A. Name of case and docket number: _____
- B. Approximate date of filing lawsuit: _____
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: _____
- D. List all defendants: _____
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): _____
- F. Name of judge to whom case was assigned: _____
- G. Basic claim made: _____
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): _____
- I. Approximate date of disposition: _____

IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.

IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved, including names, dates, and places. **Do not give any legal arguments or cite any cases or statutes.** If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Plaintiff WAS TRYING to mind his business
once Placed in Div one After A Administration move
from Div II, Waiting to be Placed on the Peer Pressure
And Support group team.

Plaintiff WAS Returning from day room After Noticing
No officer in/At his Post. Plaintiff looked down the
catway And did not see A officer, to Re Assure the
Safety.

Someone grabbed/Attacked me from the Side
Without Warning. I WAS dizzy from the blow
later on I WAS told it WAS A scrub brush
from the Shower.

Not being Able to MANEUVER for Help I Started
filling Someone grab me from behide, then the
unquestable happen, I WAS Poked twice in the
face with A SHARP object. What Could have been
A Ice Pick.

I WAS Puncured ONCE Above MY left eye And
once Right below MY bottom lip. MAKing MY
bottom two front teeth the ONLY thing Pre-
venting A tongue OR Throat blow.

The Sergent later Stated Someone ANONYMOUS
had got in touch with Someone from the other
wing, Officer Post. After I had been Stabbed
twice. I WAS treated by medical PERSONAL And
giving Several Stitch And Ice PACKS for the
Swelling of MY face And EARS: head. Blood
WAS Just All over the Place MY Mom: Dad Shook
there head with AMAZment. Defendent
Couldnt eat for A number of days only
drink water do to Pain.

Plaintiff Made Several Attempts to be Moved. before being Stabbed. Plaintiff Notified Counsler who had Plaintiff to file A Grievance Which he stated he had forward to division/supt. I Still have the Copy from Counsler MR. Puckett.

Plaintiff Also talked with Police/Sheriff telling him what had happened And Plaintiff Need to be Moved because they got Knives on Wing And might try to Stab me. But Police WAS Not in day Room ~~And~~ Post. The Nature of obligation. If he WAS on Post. I would Not have got Stabbed.

Plaintiff Aunt And GRANDMA Called to try And have Plaintiff Moved, day of Stabbing. Police Sheriff Never Allowed me to Pick the offenders out of the line up Photo book AS Promised, I WAS Sent to P.C. And Never heard from Anyone.

V. Relief:

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

Plaintiff is seeking Punitive damages And
Pain And Suffering for the Sum of \$1,500,000.00
1.5 million Dollars And most of All Violation
of MY Civil Right / OR And deprivation

VI. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

CERTIFICATION

By signing this Complaint, I certify that the facts stated in this Complaint are true to the best of my knowledge, information and belief. I understand that if this certification is not correct, I may be subject to sanctions by the Court.

Signed this 5 day of 4, 2008

Paul Smith
(Signature of plaintiff or plaintiffs)

Paul Smith
(Print name)

B52357
(I.D. Number)

P.O. Box 711
Menard, IL, 62259

(Address)